OFFICIAL FILE CERTIFICATE OF LIABILITY INS

DATE (MM/DD/YYYY) CERTIFICATE DOES NOT AFFIRMATIVELY OF NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE COVERAGE AFFORDED BY THE POLICIES VERNOS AFFORDED BY THE POLICIES HE WHERER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not construct the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not construct the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not construct the terms and conditions of the policy certain policies may require an endorsement. A statement on this certificate does not construct the terms and conditions of the policy certain policies may require an endorsement. CONTACT Laura Barker Wolc COMM PRODUCER Market Financial Ltd FAX (A/C, No): (815) 459-3360 E-MAIL ADDRESS; lbarker@marketfinance die co 240 Commerce Drive INSURER(S) AFFORDING COVERAGES OF THE MMISSION 14184 Crystal Lake IL 60014 INSURER A: Acuity Insurance A+ XIV INSURED INSURER B City Service Electric Inc INSURER C : INSURER D : 5710 N Northwest Hwy INSURER E Chicago IL 60646 INSURER F : **COVERAGES** CERTIFICATE NUMBER:16-17 Master **REVISION NUMBER:** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS ADDLISUBR POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER **GENERAL LIABILITY EACH OCCURRENCE** 1,000,000 X COMMERCIAL GENERAL LIABILITY DAMAGE TO RENTED PREMISES (Ea occurrence) 250,000 A CLAIMS-MADE X OCCUR X00259 11/15/2016 11/15/2017 MED EXP (Any one person) 10,000 PERSONAL & ADV INJURY 1,000,000 5 GENERAL AGGREGATE 3,000,000 GEN'L AGGREGATE LIMIT APPLIES PER PRODUCTS - COMP/OP AGG 3,000,000 POLICY X PRO-\$ AUTOMOBILE LIABILITY S COMBINED SINGLE LIMIT (Ea accident) X 1,000,000 ANY AUTO Δ BODILY INJURY (Per person) ALL OWNED AUTOS \$ SCHEDULED k00259 11/15/2016 11/15/2017 AUTOS NON-OWNED BODILY INJURY (Per accident) 5 X X HIRED AUTOS PROPERTY DAMAGE 5 (Per accident) Underinsured motorist BI split Х UMBRELLA LIAB 1,000,000 X **OCCUR** EXCESS LIAB **EACH OCCURRENCE** 10,000,000 A CLAIMS-MADE AGGREGATE 10,000,000 RETENTION S DED X00259 11/15/2016 11/15/2017 WORKERS COMPENSATION 8 AND EMPLOYERS' LIABILITY X WC STATU-OTH ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N N/A E.L. EACH ACCIDENT 1,000,000 (Mandatory in NH) X00259 11/15/2016 11/15/2017 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT 1,000,000 Business Personal Prop X00259 11/15/2016|11/15/2017 Limit See Below DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
RE: Application for Certification to Install, Maintain or Repair Electric Vehicle Charging Station Facilities under Section 16-128A of the Public Utilities Act. CERTIFICATE HOLDER CANCELLATION

State of Illinois - Illinois Commerce Com Chief Clerk of the Commission IMR Insurance Compliance 527 E. Capitol Avenue Springfield, IL 62701

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**AUTHORIZED REPRESENTATIVE** 

James Drost/LBARK